



MIAMI TOWNSHIP FIRE & EMS CLERMONT COUNTY, OHIO *PEDIATRIC PROTOCOLS*



NARROW COMPLEX TACHYCARDIA STABLE

Historical Findings

1. Age less than or equal to 15 years.
2. Older child may complain of chest pain or rapid heart beat.

Physical Findings

1. Heart rate in infants less than 2 years is usually greater than 220. Heart rate in older children is usually greater than 180.
2. The patient does **NOT** display signs of shock with weak or no distal pulse, delayed capillary refill, poor skin perfusion and change in mental status.

EKG Findings

1. QRS duration < 0.08 (2 little boxes).
2. P waves may or may not be seen.
3. Little variability in heart rate noted with respiration and movement.

Protocol

1. Initiate contact; reassure, and explain procedures.
2. Assess and secure the patient's airway and provide oxygen per the airway, oxygen and ventilation protocol.
3. Perform patient assessment, obtain vital signs and begin cardiac monitoring.
4. Initiate IV access with a saline lock or 0.9 % normal saline KVO.
5. Acquire a 12 Lead ECG and maintain cardiac monitoring at all times.
6. Consider one attempt at vagal maneuvers (crushed ice to the mid face for 15 seconds).
7. Administer Adenosine 0.1 mg/kg IV rapid IV push. (Maximum first dose 6 mg) Adenosine should be administered as close to the heart as possible, preferably in the antecubital vein. Consider use of a double stopcock to administer 5 mL flush immediately.



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8. May double and repeat Adenosine once IV rapid IV push. (maximum second dose 12 mg).
9. Contact medical command.